



Maryland Department of Human Services
 Office of Licensing and Monitoring
 311 W. Saratoga Street
 Baltimore, Maryland 21201
 Office: 410.767.7871 Fax: 410.333.8408

RESIDENTIAL CHILD CARE PROGRAMS REPORT

Provider Organization: St. Ann's Center for Children, Youth and Families

Licensing Agency: DHS

Contracting Agency(s): DHS, DJS, CFSA

Program Administrator: Peggy Gatewood

Certification # A00087 **Exp. Date:** 12/31/19

Type of Inspection: Quarterly

Site Name	Gender	Age Range	License Capacity	DHS Contract Limit	License#/ Exp. date	Date of site Inspection
St. Ann's Teen Mother Baby (Grace House)	F	13-21	36	5	#00093 12/24/2019	3/20/19
St. Ann's Children's Residential Program (Hope House)	M/F	2 days-12 yrs	57	0	#00093 12/24/2019	N/A
St. Ann Teen Female	F	13-19	16	0	#00093 12/24/2019	N/A

Inspection Summary

Number of Records Reviewed: Youth 6 Staff 0

Number of Interviews: Youth 0 Staff 0

Physical Plant Inspection: Approved

Current COMAR Violation: Yes No

If Yes, list Cited Violation(s) below:

Violation(s)	Findings
14.31.06.17B(5)(j)(ii)(iii)	2 of 6 records reviewed did not have court orders in them
14.31.06.17C(1)	1 of 6 records reviewed did not have an initial service plan
14.31.06.17B(5)(b)	4 of 6 records reviewed did not have medical history
14.31.06.13G	1 of 6 records reviewed did not have an immunization
14.31.06.13H	3 of 6 records reviewed did not have a physical exam
14.31.06.13E	3 of 6 records reviewed did not have a dental exam
14.31.06.17B(5)(f)	3 of 6 records reviewed did not have a psychiatric or psychological report
14.31.06.12A	2 of 6 records reviewed did not have education documentation
14.31.05.05.D	The Children's Residential Program and Teen Girls Program does not have a DHS contract; however, St. Ann's is utilizing the space as a transitional housing unit.
14.31.06.07G(1)	Ceiling tiles need to be replaced in the bathroom/shower in the proposed Teen Girl's wing.
14.31.06.07E(4)(b)	Ceiling in resident's bedroom has peeling plaster. Work order was submitted 12/12/18 but work has not been done.

Corrective Action Plan: Yes No

If yes, date of CAP: 3/21/19

Any Violations During Mid or Re-Licensure Periods: Yes ____ No ____ NA X
If Yes See Report(s) Date(s):

Complaint Outcome: NA

Current Status of License: Continued

Licensing

Coordinator: Patricia Sparrow **Date:** 3/29/2019 **Email:** Patricia.sparrow@maryland.gov

Program Manager: Andre Thomas **Date:** 4/2/2019 **Email:** Andre.thomas@maryland.gov